

**Healthcare Outcomes Center**

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## **A Cardiac Surgeon's Guide to CCORP**

### **1. What is the Office of Statewide Health Planning and Development (OSHDP)?**

OSHDP is one of 13 departments in the State of California's Health and Human Services Agency. Programs within OSHDP promote healthcare safety, quality, and accessibility for Californians. OSHDP is not a medical licensing department.

### **2. What is CCORP?**

CCORP is an acronym for the California Coronary Artery Bypass Graft (CABG) Outcomes Reporting Program.

OSHDP's Healthcare Outcomes Center, a program within the Health Information Division, reports risk-adjusted results of adult isolated coronary artery bypass graft surgery in California hospitals. CCORP is the largest public reporting program of CABG surgery outcomes in the United States.

Collection and reporting of CABG surgery information was established by Senate Bill 680, Chapter 898, signed into law on October 14, 2001. The law requires hospitals to submit semi-annual clinical data for CABG surgeries and for hospital and surgeon risk-adjusted outcomes reports to be published.

The laws governing CCORP are in the California Health and Safety Code, Sections 128675-128810.

### **3. What do the CABG outcomes reports contain?**

The reports use risk-adjusted operative mortality to evaluate both hospital and surgeon performance. Hospitals are rated yearly and cardiac surgeons every other year. To date, surgeon results have been based on 2 years of CCORP data. The reports provide quality of care information for hospitals, the medical community, the insurance industry, employee benefit managers, and the health care consumer.

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#### **4. How does CCORP gather clinical data for reports?**

Each hospital submits clinical data to CCORP every six months. A hospital designated “Data Contact” person acts as liaison between CCORP and each cardiac surgeon. Before data is submitted to the state, CCORP requires surgeons to review their data and sign a “Surgeon Certification Form”. The statement of certification affirms surgeons have reviewed their data and verified the cases assigned to them are accurate and complete. A sample Surgeon Certification Form can be found at the following link:

[http://www.oshpd.ca.gov/HID/SubmitData/CCORP\\_CABG/CCORPSurgeonCertForm.pdf](http://www.oshpd.ca.gov/HID/SubmitData/CCORP_CABG/CCORPSurgeonCertForm.pdf)

If the surgeon cannot sign the form, surgeon information will be submitted on the Hospital Certification Form in the Statement of Certification section.

[http://www.oshpd.ca.gov/HID/SubmitData/CCORP\\_CABG/CCORPHospitalCertForm.pdf](http://www.oshpd.ca.gov/HID/SubmitData/CCORP_CABG/CCORPHospitalCertForm.pdf)

#### **5. What does CCORP do with the CABG data from hospitals?**

CCORP research scientists and data analysts perform data checks and work directly with the Hospital’s Data Contact to identify and correct errors. First, hospital data submissions are edited for readability, such as formatting errors. The goal is to reach acceptance of the data and begin checking for warning edits and more complex errors. CCORP and the Data Contacts then address data discrepancy edits by comparing CABG cases with hospital billing records. Finally, the risk factor coding edit process addresses potential undercoding or overcoding of data set variables.

#### **6. How do I know what changes have been made to data about my cases?**

After hospital and CCORP staff finish data edits, CCORP mails a “Surgeon Summary Report” directly to surgeons to provide a final review of their cases. Surgeons receive one report for each hospital where they perform CABG surgery.

These reports are mailed to the address on file with the California Medical Board. To make sure you receive your report(s), keep your medical board address current.

The reports contain frequency of coding for each risk factor for the surgeon’s isolated CABG cases. For comparison, state-wide averages are included. Currently, CCORP collects data on all CABG cases, but reports only on isolated CABG cases; however, CCORP is considering reporting results for non-isolated CABG cases as well.

Surgeons have thirty days to submit changes to the “Surgeon Summary Report”. When surgeons identify problems, they should work closely with their Hospital Data Contact to make necessary revisions to the data in the report. The Data Contacts receive training from CCORP about data element definitions, discrepancies, time-lines, and other information important to surgeons.

## **7. How will I be informed of my rating?**

After receiving amended “Surgeon Summary Reports”, CCORP staff perform further data analysis, including calculations using the risk-adjustment formula. Then preliminary ratings are mailed to each surgeon.

## **8. If I disagree with my rating, how do I request a review?**

After receiving preliminary results, surgeons, who believe their ratings do not reflect quality of care, have the opportunity to submit appeals to CCORP. Specific requirements for the statements as well as the deadline for submission will be included with the preliminary report.

CCORP staff will review surgeon appeals, reach a determination, and inform surgeons of their decisions. Surgeons who disagree with the final CCORP decision may request their statements be reviewed by the Clinical Advisory Panel.

*California Health and Safety Code, Section 128750*

## **9. What is the Clinical Advisory Panel?**

The Clinical Advisory Panel (CAP) is composed of experts in cardiology, cardiac surgery, and/or collection and reporting of outcomes measurements for surgeons and hospitals. Three members are appointed from the California Chapter of the American College of Cardiology. Three members are appointed from the California Medical Association and three members from consumer organizations.

The panel advises CCORP and approves both the risk-adjustment model used to prepare the outcomes reports and new data elements. The panel also reviews statements from surgeons who did not agree with the CCORP determination. The identity of surgeons who submitted statements is confidential. The determinations of the CAP are final.

*California Health and Safety Code, Section 128748*

A roster of the current CAP members can be found at the following link:

<http://www.oshpd.ca.gov/Boards/CAP/index.html>

## **10. How do I learn more about CCORP and the hospital and surgeon review process?**

California Office of Statewide Health Planning and Development website

<http://www.oshpd.ca.gov>

*Information about OSHPD programs and links to related information. The “Public Meetings” section includes announcements of CAP meetings.*

CCORP Homepage

[http://www.oshpd.ca.gov/HID/SubmitData/CCORP\\_CABG/index.html](http://www.oshpd.ca.gov/HID/SubmitData/CCORP_CABG/index.html)

*Information about data collection, manuals, cardiologist Q & A, bulletins, and links to laws and regulations related to CCORP. Also accessible from the OSHPD website.*

CCORP Publications

<http://www.oshpd.ca.gov/HID/Products/PatDischargeData/CABG/index.html>

*Current and previous reports of hospital and surgeon CABG outcomes. Also accessible from the OSHPD website.*